

FOSTER CARE PLACEMENT NOTIFICATION AND PRELIMINARY ELIGIBILITY DETERMINATION

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES

FOSTER CARE SEN 630 (6-2005)

Name of Child Date of Birth Place of Birth Place of Birth Emergency Placement No Placement Date Name of Foster/Group Home Name of Foster/Group Home Name of School Expected Graduation Date Court Order Date Custody Given To ATTACH COPY OF PETITION/COURT ORDER PARENTS Name of Mother Date City State Zip Code Name of Father Date of Birth Telephone Number Telephone Number Date of Birth Telephone Number Date of Child Support Date of Birth Telephone Number Date of Child Support Date of Subject Date of Child Support Date of Subject Date of Child	Date	Name of Social Worker			Financial C	Financial County	
Date of Birth Place of Birth Emergency Placement Yes No Placement Date Name of Foster/Group Home Name of School Grade Completed Expected Graduation Date Court Order Date Custody Given To ATTACH COPY OF PETITION/COURT ORDER PARENTS Name of Mother Date Of Birth Telephone Number Address City State Zip Code Marrital Status of Natural Parents Is there a step-parent in the home No Yes CHILD SUPPORT Has Child Support Been Ordered by the Court? If Yes, No Yes RESIDENCE Was the child Iving with a relative in the month court action was initiated? If Yes, List Relationship Child Support INCOME AND ASSETS Does the child have a bank account or any other assets? No Yes No Yes If Yes, No Yes No Yes Does the child have a bank account or any other assets? No Yes Does the child sprent(s) work? Type of Coverage No Yes Does the child sprent(s) work? Type of Coverage No Yes No Yes No Yes Does the child sprent(s) work? Type of Coverage No Yes No Yes							
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No Yes Policy Number			If Yes,	Type of Benefit	Amount	or Benefit	
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Name of Policy Holder	Name of Company			Policy Number			
Name of Policy Holder							
	Name of Policy Holder						

No

Yes

DISTRIBUTION: Financial County Legal Custodian

Regional Human Service Center

Has the child been referred for screening services under Health Tracks?